



## CODE VIOLATION INVESTIGATION REQUEST FORM

LIBERTY LAKE PLANNING & COMMUNITY  
DEVELOPMENT DEPARTMENT  
1421 N. MEADOWWOOD LANE, SUITE 120  
LIBERTYLAKE WA 99019  
PH: 509-755-6707, FAX: 509-755-6713  
WWW.LIBERTYLAKewa.GOV

All of the requested information on both sides of this form is needed to investigate your complaint. You may be asked to provide additional information if criminal charges are later filed in this matter.

Address of Potential Violation: \_\_\_\_\_

If no address is available please provide a description of the property location:

\_\_\_\_\_  
\_\_\_\_\_

Property Owner (if known): \_\_\_\_\_

Parcel Number (if known): \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *THIS SECTION IS ABOUT YOU – IT MUST BE COMPLETED FOR US TO ACT ON THE MATTER*

In accordance with the *Freedom of Information Act*, while we will try to maintain your confidentiality in this matter, we cannot guarantee it.

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (Evenings) \_\_\_\_\_ (Daytime)

May we have permission to enter your property to view the subject violation, if necessary?

Yes

No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU WILL BE NOTIFIED ABOUT THE STATUS / DETERMINATION OF YOUR COMPLAINT WITHIN  
APPROXIMATELY 2 WEEKS. IF YOU HAVE ANY QUESTIONS PLEASE CALL 755-6708.**

***FOR DEPARTMENT USE ONLY***

Possible Violation:    Yes        No                      Site Inspection Required:    Yes        No

**Site Inspection Findings**

Date of Inspection: \_\_\_\_\_ Site Inspector: \_\_\_\_\_

Inspection Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Violation:                      Yes                      No                      Zoning Violation                      Building Violation

Zoning Classification: \_\_\_\_\_ Code Section: \_\_\_\_\_

Permit Issued:            Yes                      No                      Dangerous Conditions:            Yes                      No

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Violation Notice Sent: \_\_\_\_\_ Staff Member: \_\_\_\_\_

File CV- \_\_\_\_\_

Additional Details: